MAINE STATE POLICE
JUNIOR TROOPER ACADEMY
CAREER ORIENTATION PROGRAM
APPLICATION

June 29 – July 1, 2016

S   M   L   XL

_____

Name (First, MI, Last)   shirt size (circle)

M or F   -   -

_____

Street Address   Male or Female   Date of Birth
                                                              (circle)

_____

City   State   Zip

_____

High School   Grade entering in fall

_____

Home Phone   Email

_____

Emergency Contact Name   Emergency Contact Phone Number(s)

Please list any medical conditions or special accommodations you feel we should know about:

_____

Along with this application, please include the signed waiver/release form along with an essay (approximately 100 words) explaining what your future goals are after graduation and why you wish to attend this program.

Please return application, waiver form, and essay by May 1 to:

   Maine State Police Junior Troopers
   15 Oak Grove Rd
   Vassalboro, ME 04989

MAINE STATE POLICE CAREER ORIENTATION PROGRAM
CONSENT FOR MEDICAL TREATMENT & WAIVER FORM

PARENT(S)/GUARDIAN(S): Please review this Consent for Medical Treatment & Waiver Form carefully before signing below. Thank you.

CONSENT FOR MEDICAL TREATMENT

In the event my/our child is injured or becomes ill while participating in the Maine State Police Career Orientation Program (hereinafter "Program"), and I/we am/are unable to ensure that he or she receives appropriate medical treatment, I/we hereby consent for my/our child to be provided with whatever medical and/or surgical procedures or treatment that, in the best judgment of the attending physician at the medical treatment facility to which my child is brought by Program personnel, is considered necessary.

I/We understand that in the event of a serious illness or injury, Program personnel will make reasonable efforts to notify me/one or both of us.

WAIVER

In consideration for our child's opportunity to participate in the Program, I/we, as the parent(s) or guardians(s) of the Program Participant named below, hereby release and forever discharge the Maine State Police, the Department of Public Safety, the State of Maine, and all of their officers, directors, employees, agents, and representatives (the "Releasees") from any and all liability, claim, loss, cost, or expense, and promise not to sue on any such claims against any Releasee, arising directly or indirectly from, or attributable in any legal way to, any negligence, action, or omission to act of any Releasee in connection with my/our child's participation in the Program.

I/We understand that during the Program, my/our child, as a Program participant, will participate in activities that may cause moderate stress and that will require physical exercise. I/We also understand that my/our child may observe demonstrations by Maine State Police Specialty Teams (including, for example, the Maine State Police Tactical, Canine, Underwater Recovery, and Bomb Teams), as well as participate in such Program courses as "Drill and Ceremony" (marching), "Introduction to Self-Defense," "Felony Motor Vehicle Stops," and police "Cruiser/Equipment Orientation."

I/We agree that this waiver extends to all acts of negligence of any Releasee and is intended to be as broad and inclusive as is permitted by law. Should I/we or my/our successors assert a claim in contravention of this waiver, I/we or my/our successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are financially adjudged liable on such claim for willful and wanton negligence.

I/WE HAVE READ THIS WAIVER PROVISION CAREFULLY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT (INCLUDING THE RIGHT TO BRING NEGLIGENCE CLAIMS AGAINST THE RELEASEES), AND INTEND MY/OUR SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I/WE HAVE CAREFULLY REVIEWED this *Consent for Medical Treatment & Waiver Form*, and hereby provide my/our signature freely and voluntarily.

PROGRAM PARTICIPANT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____